



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-3223

Officer-Involved Critical Incident- 807 Alan Page Drive, SE; Canton,
Ohio 44707

Investigative Activity: Review of Alcohol/ Drug test results of Garrett Marino
Involves: Officer Garrett Marino
Activity Date: December 12, 2023
Activity Location: Scene Location – 807 Alan Page Drive SE; Canton, Ohio, 44707
Authoring Agent: Special Agent Al Banský #0115

Narrative:

On December 12, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Al Banský (Banský) received alcohol and drug testing records of Canton Police Officer Garrett Marino (Marino). The records were obtained through a Waiver signed by Marino allowing BCI to obtain a copy of any drug and/or alcohol testing. SA Banský reviewed the records and noted the following:

Marino's test results were negative.

The alcohol and drug testing records obtained are attached to this report, along with the Ohio Bureau of Criminal Investigation Waiver. Please refer to the attachment for further details.



DAVE YOST

OHIO ATTORNEY GENERAL



Bureau of Criminal Investigation
Dispatch (855) 224-6446

OHIO BUREAU OF CRIMINAL INVESTIGATION

Limited Waiver of Constitutional Rights

I, (name) GARRETT MARINO do hereby waive any constitutional protections I may have and voluntarily allow the Ohio Bureau of Criminal Investigation (BCI) to obtain a copy of any drug and/or alcohol testing conducted on me on or about (date of testing) 12/5/2023 related to an incident that occurred during the course of my duties as a (title) POLICE OFFICER for the (department) CANTON POLICE DEPT on (date of incident) 12/5/2023 for the purposes of their criminal investigation into the matter.

This waiver is specific to the drug and/or alcohol testing done on or about (date of test) 12/5/2023. Nothing in this waiver precludes my assertion of my 5th Amendment rights, or any other constitutional protections, related to any other portion of any investigation into the events of (date of incident) 12/5/2023, except as stated above. I am aware that while the testing may have been compelled under departmental policy, I am in no way being compelled to allow the viewing or use of the drug and/or alcohol testing results in the criminal investigation. I make this waiver knowingly and intelligently.

Signature: [Signature] Date: 12/12/2023

Witness: [Signature]
S/A Cel Barnskey

12/11/2023



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

STEP 1 To be completed by **COLLECTOR**
or **EMPLOYER REPRESENTATIVE** Account # 4026-1

A. Employer Name, Address, I.D. No. MERCY WOMEN LTH SAFETY 6200 WHITTLE AVE NORTH CENTON, OH 44720 PH 330-488-8889 FAX 330-488-8887		B. MRO Name, Address, Phone and Fax No. DAVID H SOFF DC MERCY WOMEN HEALTH & SAFETY 6200 WHITTLE AVE NORTH CENTON, OH 44720 PH 330-488-8889 FAX 330-488-8887		LAB ACCESSION NO. 14008	
Account # [0][0][2][6][0][0][0][0][0][0]	Donor I.D. [1][5][7][7][7][7][9][2][4]		Donor Daytime Phone [REDACTED]		
C. Donor Name (Last, First) [W][H][I][T][T][L][E]		Donor Reason for Test <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Post Accident <input type="checkbox"/> Other (Specify) [] [] [] [] [] [] [] [] [] []		Collector Phone No. [] [] [] [] [] [] [] [] [] [] Collector Fax No. [] [] [] [] [] [] [] [] [] []	
E. Collection Site Name [] [] [] [] [] [] [] [] [] []		Collector Phone No. [] [] [] [] [] [] [] [] [] [] Collector Fax No. [] [] [] [] [] [] [] [] [] []		F. Test(s) Ordered [] [] [] [] [] [] [] [] [] []	

STEP 2: COMPLETED BY COLLECTOR
 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X [Signature] Signature of Collector
 (PRINT) Collector's Name (First, MI, Last)

Time of Collection [] [] [] [] AM PM

Date (Mo./Day/Yr.) [1][2][0][5] [7][0][2][3]

SPECIMEN BOTTLE(S) RELEASED TO:
 Name of Delivery Service Transferring Specimen to Lab
 FedEx Local Courier
 Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature] Signature of Donor
 (PRINT) Donor's Name (First, MI, Last)

Daytime Phone No. (800) 312-7961 Evening Phone No. () Date of Birth 3/15/1993
 Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED DILUTE
 REFUSAL TO TEST BECAUSE: ADULTERATED SUBSTITUTED

REMARKS

X [Signature] Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification

RECONFIRMED FAILED TO RECONFIRM - REASON

X [Signature] Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

